1 2

12021

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12061

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 45M - 1/69

1. DECEASED-NAME (Type or print) First: W.	Middle: Augusta	Lost: ASHLEY	2a. DATE OF DEATH Month: Aug. Day: 25, Year: 1970	2b. HOUR: 5 P.M.
3. SEX: female	4. RACE: white	5. DATE OF BIRTH: Apr. 6, 1882	6. AGE (In years last birthday): 88 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Kent Co. Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Kent Md.	
10. CITY OR TOWN OF DEATH: Chestertown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Kent & Queen Anne Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Kent	13c. CITY OR TOWN: Rock Hall	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Piney Neck
14. FATHER'S NAME First: Richard	Middle: W.	Lost: Crouch	15. MOTHER'S MAIDEN NAME First: Mary	Middle:	Lost: Stauffer
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	16b. SOCIAL SECURITY NO. (If yes give war or dates of service): 215 38 1075 A	17. INFORMANT: A. Joseph Ashley	Address: Rock Hall, Md.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): acute myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF (b): A. S. C. V. D.
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4109
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Recurrent pancreatitis not due to Cholelithiasis

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) ~~(this hospital)~~ attended the deceased from 7-7, 1970, to 8/25/, 1970, that (I) ~~(we)~~ last saw the deceased alive on 8-25 1970, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED
Harry Paul Ross					8/25/70

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Harry Paul Ross	Chestertown, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8/27/70	Wesley Chapel Cem.	~~Chestertown~~ Rock Hall Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Hurlbert Wells	Chestertown, Md.	AUG 28 1970	J. Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

12022 — 12062

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. (Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Eunice	Middle: Stewart	Last: Burrell	2a. DATE OF DEATH Month: August	Day: 30,	Year: 1970	2b. HOUR: 5:08 PM
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Aug. 11, 1885	6. AGE (In years last birthday): 85 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): England	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Kent Md.				
10. CITY OR TOWN OF DEATH: Chestertown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Kent & Q Anne Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Kent	13c. CITY OR TOWN: Chestertown	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 102 High St.			
14. FATHER'S NAME First: Dougald	Middle: Stewart	Last: Miller	15. MOTHER'S MAIDEN NAME First: Annie	Middle:	Last: Elliott		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes give war or dates of service): NO	16b. SOCIAL SECURITY NO.: 214-32-7250	17. INFORMANT: Mrs. Charles E. Hammond	Address: 1629 Columbia Wash. D.C.				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): acute mesenteric thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 22 Hours
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last. 4442
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. **I certify** that (I) (this hospital) attended the deceased from Aug. 28, 1970, to Aug. 30, 1970, that (I) (~~we~~) last saw the deceased alive an Aug. 30 1970, and that in (my) (~~our~~) opinian death accurred an the date and hour and from the causes stated abave, (I) (~~we~~) (did) (~~did not~~) view the bady after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED
Thomas J. Solon		8/31/70
22d. PHYSICIAN'S NAME (Type): Thomas J. Solon, M.D.	22e. ADDRESS: Chestertown, Md. 21620	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 9/3/70	23c. NAME OF CEMETERY OR CREMATORY: Chester Cemetery	23d. LOCATION (City or Town) (County) (State): Chestertown Kent Md.
24. FUNERAL DIRECTOR: Marvin V. Williams Jr.	ADDRESS: Chestertown	25a. REC'D BY REGISTRAR DATE: SEP 8 1970	25b. REGISTRAR'S SIGNATURE: J. Charles Judge

VR A15 (4) 45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12023

12063

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First	Middle	Last	2o. DATE OF DEATH Month Day Year	2b. HOUR
MATHILDA	CECELIA	BUTTNER	Aug. 18, 1970	1 M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
female	white	Jan. 27, 1887	83 YRS.		

7o. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
New York City	USA		Kent Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Chestertown	Kent & Queen Anne	Housewife	

13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
Md.	Queen Anne	Sudlersville		Rural

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
George Germann	Mary Ex Scottafield

16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
no	151 42 5059	JL - Miss Matilda Buttner	Sudlersville Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) LIVER FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK
DUE TO, OR AS A CONSEQUENCE OF: (b) CARCINOMA PANCREAS — 6 MONTHS
OUE TO, OR AS A CONSEQUENCE OF (c) INTESTINAL OBSTRUCTION
Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse last. 1579

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

19o. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20o. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
			YES

21o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. **I certify** thot (I) (this hospital) attended the deceased from July, 1970, to 8/18/70, 19____, that (I) (we) last saw the deceased olive on 8/18/70 19____, and that in (my) (our) opinion death occurred on the dote ond hour ond from the causes stated obave, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
M Arras MD		☐	☐	☒	8/18/1970

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
MILTON ARRAS	Easton, Md. (Memorial Hospital)

23o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
Burial	8/21/70	Holy Sepulcher Cem.	Little Falls, New Jersey

24. FUNERAL DIRECTOR	ADDRESS	25o. REC'D BY REGISTRAR (Date)	25b. REGISTRAR'S SIGNATURE
J. Willis Wells	Chestertown, Md.	AUG 20 1970	J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12024 12064

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

1. DECEASED-NAME (Type or print) First / Middle / Last	Elsie S. Crew	2a. DATE OF DEATH Month Day Year	8 18 70
2b. HOUR	4 A M		
3. SEX	Female	4. RACE	White
5. DATE OF BIRTH	Oct. 26, 1885	6. AGE (In years last birthday)	84 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Maryland	7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		9. COUNTY OF DEATH	Kent Md.
10. CITY OR TOWN OF DEATH	Chestertown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Kent*Q.A. Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife	12b. KIND OF BUSINESS OR INDUSTRY	Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland	13b. COUNTY	Kent
13c. CITY OR TOWN	Betterton	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	
13e. STREET AND NUMBER	---		
14. FATHER'S NAME First / Middle / Last	John Silcox	15. MOTHER'S MAIDEN NAME First / Middle / Last	Sarah Moore
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	No	(If yes give war or dates of service)	---
16b. SOCIAL SECURITY NO.	212-16-1485	17. INFORMANT Address	Mrs. Anna Duckloe Betterton, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial infarction and — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral vascular accident — 5 days
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4100
DUE TO, OR AS A CONSEQUENCE OF (c) H.A.S.C.V.D

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
DIABETES MELLITUS

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (this hospital) attended the deceased from 8-8, 1970, to 8-18, 1970, that (I) (~~we~~) last saw the deceased alive on 8-18 1970, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE	Harry Paul Ross DEGREE	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED 8-19-70
22d. PHYSICIAN'S NAME (Type)	Harry Paul Ross M.D.	22e. ADDRESS	Chestertown, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	Burial	23b. DATE	8-21-70	23c. NAME OF CEMETERY OR CREMATORY	Still Pond Cemty
23d. LOCATION (City or Town)	Still Pond	(County)	Kent	(State)	Md.
24. FUNERAL DIRECTOR	Victor N. Kennedy	ADDRESS	Still Pond, Md.	25a. REC'D BY REGISTRAR DATE	AUG 24 1970
25b. REGISTRAR'S SIGNATURE	J Charles Judge				

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12025 12065

FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First	Middle	Lost
Ann	B	Derrico

2a. DATE KNOWN OF DEATH / ESTIMATED	Month	Day	Year	2b. HOUR
☒ / ☐	Aug	11	1970	5:30 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
female	White	Sep 19 1926	43 YRS.		

2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
Aug	11	1970	5 PM

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Penna.	USA	☐ / ☒ / ☐ / ☐	Kent Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Chestertown	Kent & Queen Annes	Housewife	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Delaware		Harrington	YES ☐ NO ☐	

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
Walter		Graden	Margaret D.		Seaber

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no	197 12 2172	Alfraso Derrico Harrington, Del.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Severe internal chest injuries with mediastinal Emphysema, multiple bilateral rib fractures and right pneumothorax

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hours

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year OR Approx.	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
	3:30 P.M. 8.11.70 19	auto accident

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	Intersection of State Rtes 290 & 544	nr	Crumpton	QA	Md

22a. **I certify** that I taak charge of the remains described above, held an Autapsy ☐, Inspectian ☐, Inquiry ☐, and in my apinian death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined monner ☐

ACTUAL SIGNATURE Robert W Farr M.D.

EXAMINER'S NAME (Type) Robert W Farr

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

22b. DATE SIGNED Aug 11 1970

ADDRESS(Street, city, town or county) Kent Co Chestertown Md

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8/17/70	Lawncroft Cem.	Linwood, Pa.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
H. Willis Wells	Chestertown, Md.	AUG 14 1970	J. Charles Judge

VR A15ME (5)
10M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12026 — 12066

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Eliza	Middle: Abigail	Lost: Foreman
2a. DATE OF DEATH Month Day Year	August 3, 1970	2b. HOUR	8:20 A M
3. SEX	female		
4. RACE	white		
5. DATE OF BIRTH	5/5/1893 1895	6. AGE (In years last birthday)	75 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Maryland	7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		9. COUNTY OF DEATH	Kent Md.
10. CITY OR TOWN OF DEATH	Chestertown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	Kent & Queen Anne
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE	Md.	13b. COUNTY	Kent
13c. CITY OR TOWN	Chestertown	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	
13e. STREET AND NUMBER	Fairlee		
14. FATHER'S NAME First / Middle / Lost	George Hurd	15. MOTHER'S MAIDEN NAME First / Middle / Lost	Abigal Coverdale
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	no	16b. SOCIAL SECURITY NO. (If yes give war or dates of service)	220 32 1264
17. INFORMANT Address	Mrs. James Foreman		Chestertown, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CVA - (R) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4/09
DUE TO, OR AS A CONSEQUENCE OF (b) Atherosclerosis - generalized — 4 yrs
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Rotated Myocardial Infarction - recent

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from July 30, 1970, to Aug. 3, 1970, that (I) (we) last saw the deceased alive an Aug. 3 1970, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE	C. Baumann	DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED 8/3/70
22d. PHYSICIAN'S NAME (Type)	C. Gottfried Baumann, M. D.	22e. ADDRESS	Chestertown, Md. 21620

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	8/5/70	Old Union Cemetery	RFD Worton, Md.	
24. FUNERAL DIRECTOR	J. Willis Wells	ADDRESS	Chestertown, Md.	
25a. REC'D BY REGISTRAR DATE	AUG 6 1970	25b. REGISTRAR'S SIGNATURE	J. Charles Judge	

VR A15 (4) 45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

12027 — 12067

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First / Middle / Last	Thomas / A. / Haddaway Sr.	2a. DATE OF DEATH Month / Day / Year	August / 11 / 70	2b. HOUR	9 PM
3. SEX	Male	4. RACE	White	5. DATE OF BIRTH	March 23, 1897
6. AGE (In years last birthday)	73 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Maryland	7b. CITIZEN OF WHAT COUNTRY?	U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	
9. COUNTY OF DEATH	Kent Md.				
10. CITY OR TOWN OF DEATH	Worton RFD	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	---	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Retired Farmer
12b. KIND OF BUSINESS OR INDUSTRY	Agriculture				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland	13b. COUNTY	Kent	13c. CITY OR TOWN	Worton
13d. INSIDE CITY LIMITS? YES ☐ NO ☒		13e. STREET AND NUMBER	---		
14. FATHER'S NAME First / Middle / Last	George Rothburn Haddaway	15. MOTHER'S MAIDEN NAME First / Middle / Last	Sara Elizabeth Henick		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	yes WW I	16b. SOCIAL SECURITY NO.	215-36-1875	17. INFORMANT Address	Dorothy Haddaway Worton, Md. Box64

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ACUTE AND OLD MYOCARDIAL INF.

DUE TO, OR AS A CONSEQUENCE OF (b) A.S.C.V.D

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)		
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from 2-23, 1960, to 8-10, 1970, that (I) (~~we~~) last saw the deceased alive on 8-10 1970, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE	Harry Paul Ross	DEGREE	ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐
22c. DATE SIGNED	8-13-70				
22d. PHYSICIAN'S NAME (Type)	Harry Paul Ross M.D.	22e. ADDRESS	Chestertown, Maryland		

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	8-15-70	Chester Cemetery	Chestertown Kent Md.	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
Victor N. Kennedy	Still Pond, Md.	AUG 17 1970	J. Charles Judge	

VR A15 (4)
30M REV. 1/68

1

12028

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

12068

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
45M - 1/69

1. DECEASED-NAME (Type or print)	First	Middle	Last
	Reba	Emma	Hopkins

2a. DATE OF DEATH: August Month 9 Day 1970 Year — 2b. HOUR: 7 00 A.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
FEMALE	Colored	JAN. 17, 1922	48 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Md.	U.S.A		Kent Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Chestertown	Kent & Queen Anne Hos.	Labor	Various

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md	Kent	Chestertown	YES ☒ NO ☐	312 N. College Ave.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Richard		Perkins	Helen		Harris

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	217-30-7665	Mrs. Rebecca Johnson	Chestertown, Md

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Circulatory collapse — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 hours

DUE TO, OR AS A CONSEQUENCE OF

(b) Paralytic ileus — 5 days

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF

(c) Appendiceal abscess — 8 days

5400

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
8-2-70	Appendiceal abscess	YES ☐ NO ☒	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 8-2, 1970, to 8-9, 1970, that (I) (we) last saw the deceased alive an 8-9 1970, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obave, (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
A. C. Dick	M.D.	☒	☐	☐	8-9-70

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
A. C. Dick, M. D.	Chestertown, Md. 21620

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Bur.	8/13/1970	Aaron Cem.	Rock Hall	Kent	Md

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
Kenneth Walls	Chestertown, Md	DATE AUG 13 1970	Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12029

CERTIFICATE OF DEATH

12069

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: FRANK	Middle:	Last: KELLEY	2a. DATE OF DEATH: August Month 12 Day 1970 Year
2b. HOUR: 8:45 M			
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Aug. 8-1883	6. AGE (In years last birthday): 87 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Kent Md.
10. CITY OR TOWN OF DEATH: Chestertown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Kent and Q.A.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Waterman	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Kent	13c. CITY OR TOWN: Rock Hall	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER:			
14. FATHER'S NAME First: James	Middle:	Last: Kelley	15. MOTHER'S MAIDEN NAME First: Eliza Middle: Ann Last: Scott
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 214-34-7411	17. INFORMANT Address: Mrs. Nancy Hepbron--Rock Hall, Md.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Septic shock - — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days
5999
Conditions, if ony, which gove rise to immediote couse (a), stoting the underlying couse lost.
DUE TO, OR AS A CONSEQUENCE OF (b): Prostate - Septicemia (Blood culture not complete)
DUE TO, OR AS A CONSEQUENCE OF (c): Genitourinal neoplasm - 8/7/70

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote	

22a. I **certify** that (I) (this hospitol) ottended the deceosed from 8/11, 1970, to 8/14, 1970, that (I) (we) lost sow the deceosed olive on 8/14 1970, and that in (my) (our) opinian death accurred an the dote ond hour ond from the couses stated obave, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert W. Farr	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 8/17/70
22d. PHYSICIAN'S NAME (Type): Robert W. Farr M.D.	22e. ADDRESS: Chestertown, Maryland	

23a. BURIAL, CREMATION, REMOVAL: Burial	23b. DATE: Aug. 15, 1970	23c. NAME OF CEMETERY OR CREMATORY: Wesley Chapel	23d. LOCATION (City or Town) (County) (State): Rock Hall Kent Md.	
24. FUNERAL DIRECTOR: Alyce R. Lane	ADDRESS: Church Hill, Md.	25a. REC'D BY REGISTRAR DATE: AUG 17 1970	25b. REGISTRAR'S SIGNATURE: J. Charles Judge	

VR A15 (4)
30M REV. 1/68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death unless any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form VM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12030

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12070

1. DECEASED NAME (Type or Print) First: Mollie	Middle:	Last: LASTER	2a. DATE KNOWN OF ESTIMATED: Month Aug Day 1 Year 1970	2b. HOUR 7:00 M				
3. SEX: FEMALE	4. RACE: Colored	5. DATE OF BIRTH: July 24, 1891	6. AGE (In years last birthday): 79 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month Aug Day 1 Year 1970	2d. HOUR 7:00 P M	
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH: KENT Co. Md.					
10. CITY OR TOWN OF DEATH: ChesterTown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): At Home of her DAUGHTER	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): LABOR	12b. KIND OF BUSINESS OR INDUSTRY: VARIOUS					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: PA	13b. COUNTY	13c. CITY OR TOWN: Phila	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER: 2211 N. 17th. STREET				
14. FATHER'S NAME First: John	Middle:	Last: GRAVES	15. MOTHER'S MAIDEN NAME First: HENRIETTA	Middle:	Last: CARTER			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes give war or dates of service): —	16b. SOCIAL SECURITY NO.: 213-22-4697	17. INFORMANT: MRS. MILDRED WRIGHT	ADDRESS: 218 QUEEN ST. ChesterTown, md.				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unknown - probably heart disease
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4299
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that I took charge of the remains described above, held an Autapsy ☐, Inspectian ☐, Inquiry ☐, and in my apinian death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Hamicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: O.S. Gulbrandsen M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

EXAMINER'S NAME (Type): O.S. GULBRANDSEN Acting

ADDRESS(Street, city, town, or county): ChesterTown, md.

22b. DATE SIGNED: 8-4-70

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8/6/1970	AARON CHAPLE CEM.	ROCK HALL KENT. md.

24. FUNERAL DIRECTOR	ADDRESS	25a. RECEIVED BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Bennett Wilson	CHESTERTOWN, MD	AUG 6 1970	Jessie Judge

VR A15ME (5)
10M REV. 1/68

9 14 12031

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12071

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 45M · 1/69

1. DECEASED-NAME (Type or print) First: Clyde	Middle: Fassbinder	Last: LIGO	2a. DATE OF DEATH Month: August Day: 4 Year: 1970	2b. HOUR: 4 30 P M	
3. SEX: male	4. RACE: white	5. DATE OF BIRTH: Nov. 17, 1901	6. AGE (In years last birthday): 68 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Pa.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Kent Md.		
10. CITY OR TOWN OF DEATH: Chestertown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Kent & Queen Anne Hosp	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): V. Pres.	12b. KIND OF BUSINESS OR INDUSTRY: Railways Co.		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Kent	13c. CITY OR TOWN: Chestertown	13d. INSIDE CITY LIMITS? YES ☐ NO X	13e. STREET AND NUMBER: Rural Chesmar	
14. FATHER'S NAME First: George W.	Middle:	Last: Ligo	15. MOTHER'S MAIDEN NAME First: Matilda	Middle:	Last: Fassbinder
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 167 10 0954	17. INFORMANT: Mrs. Mildred Ligo Wife	Address: Chestertown, Md.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 hours
DUE TO, OR AS A CONSEQUENCE OF (b): Coronary artery disease — 14 years
DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerosis — 14 years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4133

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Rocky Mountain Spotted Fever

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 7-24, 1970, to 8-4, 1970, that (I) (we) last saw the deceased alive on 8-4, 1970, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: A.C. Dick, M.D. DEGREE — ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 8-4-70	
22d. PHYSICIAN'S NAME (Type): A.C. Dick	22e. ADDRESS: Chestertown, Md	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8/7/70	23c. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.	23d. LOCATION (City or Town): Baltimore, Md.	(County) (State)
24. FUNERAL DIRECTOR: J. Willis Wells	ADDRESS: Chestertown, Md.	25a. REC'D BY REGISTRAR DATE: AUG 7 1970	25b. REGISTRAR'S SIGNATURE: J. Charles Judge	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12032 12072

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: JOHN Middle: MONTAGUE Last: PARDEE		2a. DATE OF DEATH Month Day Year: Aug. 13, 1970	2b. HOUR: 1 A M
3. SEX: male	4. RACE: white	5. DATE OF BIRTH: Nov. 4, 1899	6. AGE (In years last birthday): 70 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Talbot Co. Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Kent Md.
10. CITY OR TOWN OF DEATH: Rock Hall	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Catholic Ave. (at home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Laborer various	12b. KIND OF BUSINESS OR INDUSTRY: Carpenter
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Kent	13c. CITY OR TOWN: Rock Hall	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER: Catholic Ave.
14. FATHER'S NAME First Middle Last: William Pardee		15. MOTHER'S MAIDEN NAME First Middle Last: Laura ~~Pardee~~ Hastings	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 216 09 8898	17. INFORMANT Address: Mrs. Evelyn Jones - Rock Hall, Md.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Failure

4123

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic Heart Disease

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote	

22a. I **certify** that (I) (this hospital) attended the deceased from _____, 19 70, to 8/13/, 1970, that (I) (we) last saw the deceased alive on Aug. 19 70, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: H Calvin Kaufman M.D. DEGREE	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 8/13/70	
22d. PHYSICIAN'S NAME (Type): H. Calvin Kaufman	22e. ADDRESS: Rock Hall, Maryland		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Aug. 15, 1970	23c. NAME OF CEMETERY OR CREMATORY: Chester Cem.	23d. LOCATION (City or Town): Chestertown, Md.	(County) (Stote)
24. FUNERAL DIRECTOR: J. Willis Wells	ADDRESS: Chestertown, Md.	25a. REC'D BY REGISTRAR DATE: AUG 18 1970	25b. REGISTRAR'S SIGNATURE: Charles Judge	

VR A15 (4) 45M - 1/69

1

FOR STATE HEALTH DEPT.

12033

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12073

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 and 2 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: Audrey	Middle: A	Last: Sapp	2a. DATE OF DEATH: KNOWN ☑ ESTIMATED ☐ Month: Aug Day: 11 Year: 1970	2b. HOUR: 4:00 PM		
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Jan 8 1932	6. AGE (In years last birthday): 38 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month: Aug Day: 11 Year: 1970	2d. HOUR: 4:10 PM	
7a. BIRTHPLACE (State or foreign country): USA	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH: Kent	Md.		
10. CITY OR TOWN OF DEATH: Chestertown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Kent & Queen Annes	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): LABORER & HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission): Delaware	13b. COUNTY: Kent	13c. CITY OR TOWN: Harrington	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER		
14. FATHER'S NAME First Middle Last: Frank Plummer		15. MOTHER'S MAIDEN NAME First Middle Last: Wilhelmia Humphries				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 303 24 4560	17. INFORMANT: Frances Biddle	ADDRESS: Harrington, Del.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Severe internal chest injuries with multiple

DUE TO, OR AS A CONSEQUENCE OF: rib fractures and bilateral hemothorax

(b):

DUE TO, OR AS A CONSEQUENCE OF:

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

8199

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30-45 minutes

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 3:30 P.M. 8/11/70 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Auto accident
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) road crossing	21f. LOCATION Street or R.F.D. No. State Rtes 290 &544 City or Town nr Crumpton County QA State Md

22a. I **certify** that I took charge of the remains described above, held on Autopsy ☐, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Robert W. Farr M.D.

EXAMINER'S NAME (Type): Robert W. Farr

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

22b. DATE SIGNED: Aug 11 1970

ADDRESS (Street, City or Town, County): Kent Cty Chestertown, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8/14/70	23c. NAME OF CEMETERY OR CREMATORY: Hollywood Cem.	23d. LOCATION (City or Town) (County) (State): Harrington, Del.	
24. FUNERAL DIRECTOR: Wilbur Wells	ADDRESS: Chestertown, Md.	25a. REC'D BY REGISTRAR DATE: AUG 14 1970	25b. REGISTRAR'S SIGNATURE: Frances Judge	

VR A15ME (5)
10M - 1/69

Item 23 b Film G427 8/24/70

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12034

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

12074

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
Baby	Girl	Wickes	August 15, 1970	9:55 P M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
Female	Negro	Aug. 15, 1970	— YRS.			12	40

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	USA		Kent Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Chestertown	Kent & Queen Anne's	Infant	

13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER
Maryland	Kent	Chestertown		211 Lynchburg St.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
George	?	Giddens	Coretta	Elizabeth	Wickes

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	None	Viola Wilson	same

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Prematurity 2 2-24 weeks infant — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 hrs 40"

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. 777X

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 8-15, 1970, to 8-15, 1970, that (I) (we) lost saw the deceased alive an 8-15 1970, and that in (my) (our) opinion death occurred on the dote ond haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady ofter death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
A.C. Dick M.D.	M.D.	☑	☐	☐	8-15-70

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
A.C. Dick, M.D.	Chestertown, Md.

23a. BURIAL CREMATION REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
	8/15/70	K+QA Hospital	CHESTERTOWN	KENT	Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
R.W. Morin, Admnr.		AUG 10 1970	J Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68